



State of Connecticut
Office of State Ethics
18-20 Trinity Street
Hartford, CT 06106-1660

STATEMENT OF FINANCIAL INTERESTS

DEPARTURE FROM STATE POSITION DURING CALENDAR YEAR 2008

File this form covering the period of time you held your office or position in 2008. Please be aware that you are still required to file a Statement of Financial Interests for CALENDAR YEAR 2007, NO LATER THAN MAY 1, 2008. If you choose to, you may file this one form covering both time periods.

GENERAL NOTICE TO FILERS

- Instructions for each section are contained at the beginning of each section. Fill in each section with the information required. **If you need additional fields or pages, please photocopy the appropriate pages and attach them to this form.**
- **A person who leaves a position which requires the filing of a Statement of Financial Interests, within thirty days of his or her departure, will be notified by the Office of State Ethics of the requirement to file a Statement of Financial Interests for the portion of the calendar year served. Such person must file the statement within 60 days after receipt of notification from the Office of State Ethics. Conn. Gen. Stat. § 1-83(a)(1).**
- Under Connecticut General Statutes, Section 1-83(d), any individual who is unable to provide information by reason of impossibility may petition the board for a waiver of the requirements.

1. Filer's Personal Information:

First Name:

Middle Initial:

Last Name:

State of Connecticut Phone:

ext.:

State of Connecticut E-mail:

2. Spouse Information:

If you do not have a spouse, please check this box:

☐

First Name:

MI:

Last Name:

3. Dependent Children Residing in Filer's Household:

If you do not have dependent children residing in your household, please check this box:

☐

First Name:

MI:

Last Name:

First Name:

MI:

Last Name:

First Name:

MI:

Last Name:

4. Filer's Current State Position:*Please complete Section A or B.***A. Member of the General Assembly:**☐ Senator

District No. _____

☐ Representative

District No. _____

B. Member of the Executive Branch:

Name of Public or Quasi-Public Agency:

Title:

5. (If applicable) Filer's Previous State Position(s) (2007/2008): *Please complete this section if you held a different state position during 2007/2008. Please list all other state positions you held in 2007/2008.***A. Member of the General Assembly:**☐ Senator

District No. _____

☐ Representative

District No. _____

B. Member of the Executive Branch:

Name of Public or Quasi-Public Agency:

Title:

INSTRUCTIONS FOR REAL PROPERTY (Page 3)

- List all real property owned by you, your spouse, dependent children residing in your household, or held in the name of a corporation, partnership, or trust for the benefit of you, your spouse or dependent children residing in your household. Please list any property owned, bought or sold at any time during 2007/2008, including any time-share property ownership.
- Include property even if it is subject to a home mortgage.

6. Real Property and Location:

If you do not own real property please check this box: ☐

Primary Residence: *The Office of State Ethics will not disclose those residential addresses exempted from disclosure under Connecticut General Statutes § 1-217.*

Street:

City: State: Zip:

Owner or Beneficiary:

Held Directly: Yes ☐ No ☐

If the property is not held directly, please list the corporation, partnership, or trust that holds the property for the benefit of you, your spouse, or dependent children residing with you.

Held By:

Required if Property not directly held.

Additional Real Property:

Street:

City: State: Zip:

Owner or Beneficiary:

Held Directly: Yes ☐ No ☐

If the property is not held directly, please list the corporation, partnership, or trust that holds the property for the benefit of you, your spouse, or dependent children residing with you.

Held By:

Required if Property not directly held.

INSTRUCTIONS FOR BUSINESSES WITH WHICH ASSOCIATED (Pages 4 - 6)

- List all businesses with which you, your spouse, children or dependent relatives residing in your household, are associated if:
The business is a sole proprietorship, partnership, firm, corporation, trust, or other entity through which business for profit or not-for-profit is conducted
AND
At any time during 2007/2008, (covering that portion of 2008 in which you held state office), you or a member of your immediate family was a director, officer, owner, limited or general partner, trust beneficiary, or holder of stock constituting five percent or more of the total outstanding stock of any class.
- Do **not** list not-for-profit entities if you, or a member of your immediate family, were an **unpaid** director or officer of the entity.
- For purposes of this section, "Officer" refers only to the president, executive or senior vice-president, or treasurer of a business.
- For purposes of this section, "Trust" means a trust in which, at any time during 2007/2008, you or a member of your immediate family had a present or future interest, which exceeded ten percent of the value of the trust or exceeded fifty thousand dollars, whichever was less. "Trust" does not include a blind trust established by you or a member of your immediate family for the purpose of divestiture of all control and knowledge of assets.

7. Sole proprietorship, partnership, firm, corporation or other business for profit:

If this section does not apply to you, please check this box:

☐Name of
Business:

Street:

City:

State:

Zip:

Nature of
Business:Nature of
Interest:*(e.g., owner, director, etc.)*

Interest Held

By:

☐ Self☐ Spouse☐ Joint☐ Dependent Residing in Household

8. Non-Profit Organizations: (e.g., charity, educational institution, etc.)

If this section does not apply to you, please check this box:

☐Name of
Non-Profit:

Street:

City:

State:

Zip:

Nature of
Business:Nature of
Interest:

(e.g., owner, director, etc.)

Interest Held

By: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

9. Trusts:

If this section does not apply to you, please check this box:

☐

Name of Trust:

Name of Trustee:

Street:

City:

State:

Zip:

Beneficiary: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

10. Business Affiliations:

Are any of the entities disclosed in sections 7 through 9 engaged in a partnership, joint ownership or other business affiliation with:

- (1) a lobbyist;
- (2) a person that the filer knows or has reason to know is doing business with, or seeking to do business with, the State of Connecticut;
- (3) a person that the filer knows or has reason to know is engaged in activities that are directly regulated by the filer's department or agency, or
- (4) a business with which an individual described in items (1), (2) or (3) is associated?

☐ Yes ☐ No

If the answer to question 10 is **Yes**, complete section 11.

If the answer to question 10 is **No**, skip section 11 and continue to section 12.

11. Description of Business Affiliation:

a. Name of filer's "business with which associated" as identified in Section 7, 8 or 9:

b. Category of affiliated business from Section 10

- ☐ (1) a lobbyist;
- ☐ (2) a person that the filer knows or has reason to know is doing business with, or seeking to do business with, the State of Connecticut;
- ☐ (3) a person that the filer knows or has reason to know is engaged in activities that are directly regulated by the filer's department or agency, or
- ☐ (4) a business with which an individual described in items (1), (2) or (3) is associated?

c. Name and address of affiliated business:

d. Type of business affiliation (*e.g.*, partnership, joint ownership, etc.):

e. Date business affiliation was created:

INSTRUCTIONS FOR SOURCES OF INCOME (Page 7)

- List the name of employer(s) or other source of income in excess of \$1,000, including your state salary or wages. Include salary/wages, alimony, child support, award/prize, capital gains, deferred compensation, dividends, gifts, interest, lottery winnings, partnership distributions, pension, rent, compensation, social security, unemployment, workers compensation, or other.
- Please list the specific source of income received (i.e. specific employers, property holdings, banks, or stock).

12. Sources of Income:

Name of Employer or other Source:

Description of Source:

Recipient: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household**Additional Source of Income:**

Name of Employer or other Source:

Description of Source:

Recipient: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household**Additional Source of Income:**

Name of Employer or other Source:

Description of Source:

Recipient: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household**Additional Source of Income:**

Name of Employer or other Source:

Description of Source:

Recipient: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

INSTRUCTIONS FOR BLIND TRUSTS (Page 8)

- List the name of the trustee of any **BLIND TRUST** established by you, your spouse, your children or dependent relatives who reside in your household.
- A **BLIND TRUST** is a trust established for the purpose of divestiture of all control and knowledge of assets.

13. Blind Trusts:

If this section does not apply to you, please check this box:

☐Name of Trustee: Street: City: State: Zip: Beneficiary: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in HouseholdName of Trustee: Street: City: State: Zip: Beneficiary: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in HouseholdName of Trustee: Street: City: State: Zip: Beneficiary: ☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

INSTRUCTIONS FOR SECURITIES (Page 9)

- List the name of each security, which had a fair market value in excess of \$5,000 at any time during 2007/2008. Include securities owned by you, your spouse or dependent children, or held in the name of a corporation, partnership, or trust for the benefit of you, your spouse or dependent children.
- **Securities include:** stocks, bonds and mutual funds
- **Securities do not include:** certificates of deposit, bank accounts, or money-market funds

14. Securities:

If you had no interest in securities with a fair market value in excess of \$5,000 at any time during 2007/2008, please check this box:

☐

Name of Security:

Owner (or Beneficiary
if held by another):

☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

Held By:

(*e.g., Name of trustee, corporation, etc., if not owned directly*)

Name of Security:

Owner (or Beneficiary
if held by another):

☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

Held By:

(*e.g., Name of trustee, corporation, etc., if not owned directly*)

Name of Security:

Owner (or Beneficiary
if held by another):

☐ Self ☐ Spouse ☐ Joint ☐ Dependent Residing in Household

Held By:

(*e.g., Name of trustee, corporation, etc., if not owned directly*)

INSTRUCTIONS FOR LEASES AND CONTRACTS (Pages 10 – 11)

- **Leases:** For each lease between the State and you or a business with which you, your spouse or your dependent children are associated, list the following:
 - names of the lessor (i.e. landlord) and the lessee (i.e. tenant)
 - address of the subject property
 - term of the lease, and
 - annual rent
- **Contract:** For each contract between the State and you or a business with which you, your spouse or your dependent children are associated, list the following:
 - name of the parties
 - term of the contract
 - contract cost or value
 - subject of the contract, and
 - contract identification number
- Please identify the state by the name of the relevant department (i.e. Department of Public Works)
- NOTE: Leases and contracts with quasi-public agencies are not contracts with the State and do not require disclosure. (See Advisory Opinion 2002-3).

15. Leases:

If this section does not apply to you, please check this box:

☐

Name of Lessor:

Name of Lessee:

Property Address

Street:

City:

State:

Zip:

Length of Lease:

Annual Rent:

16. Contracts:If this section does not apply to you, please check this box: ☐

State Agency:	<input type="text"/>
Name of Contractor:	<input type="text"/>
Contract ID#:	<input type="text"/>
Contract Amount:	<input type="text"/>
Length of Contract:	<input type="text"/>
Nature of Contract:	<input type="text"/>

State Agency:	<input type="text"/>
Name of Contractor:	<input type="text"/>
Contract ID#:	<input type="text"/>
Contract Amount:	<input type="text"/>
Length of Contract:	<input type="text"/>
Nature of Contract:	<input type="text"/>

CERTIFICATION

- ☐ I have completed the Confidential Addendum form attached, and choose to waive confidentiality. Therefore the Confidential Addendum form may be disclosed.
- ☐ I have completed the Confidential Addendum form attached, and choose to retain confidentiality. I have therefore submitted such form in a separate sealed envelope with proper identification.

1. I UNDERSTAND that if I fail to file this statement timely and accurately, I may be subject to a penalty of up to \$10,000.
2. I UNDERSTAND that all information I provide on the Statement of Financial Interests shall be a matter of public record, and shall be disclosed by the Office of State Ethics upon request, unless exempt from disclosure by the Freedom of Information Act, Connecticut General Statutes § 1-200 *et. seq.*
3. I UNDERSTAND that if, by reason of impossibility, I am unable to provide the information required by this form, I may petition the Citizen's Ethics Advisory Board for a waiver.
4. I UNDERSTAND that I must file with the Office of State Ethics, a report of the payment or reimbursement of "necessary expenses" for lodging and/or out-of-state travel incurred by me, in my capacity as a public official or state employee, for an article, appearance, speech, or for my participation at an event, unless the payment or reimbursement is provided by the State of Connecticut, the federal government or another state government. I FURTHER UNDERSTAND that if, either intentionally or due to gross negligence, I fail to file such a report within thirty (30) days after receiving the payment or reimbursement, I will be required to return the payment or reimbursement and may be subject to a penalty of up to \$10,000.
5. I UNDERSTAND that, in addition to this form, I must also complete and submit the attached Confidential Addendum.
6. I CERTIFY, UNDER PENALTY OF FALSE STATEMENT, that this Statement of Financial Interests and Confidential Addendum are a complete and accurate statement of financial interests, as defined by Connecticut General Statutes § 1-83(b)(1), for myself, my spouse and dependent children residing in my household, during 2007/2008.

I have read and agree to the above certification.

Signature:

Date:

Print Name:

Please return completed forms to:
Office of State Ethics, 18-20 Trinity Street, Hartford, CT 06106

NOTE: If you have any questions regarding the information requested by this form, please contact the Office of State Ethics – Legal Division.

CONFIDENTIAL ADDENDUM to Statement of Financial Interests

INSTRUCTIONS FOR CONFIDENTIAL ADDENDUM

- If you do not waive your right to confidentiality, you must file this Confidential Addendum in a sealed envelope with the following information on the outside of the envelope: **name, position, agency and year. THE ENVELOPE SHOULD BE CLEARLY MARKED "CONFIDENTIAL ADDENDUM."**
- Under Connecticut General Statutes Section 1-83(b)(1)(F), each public official and state employee who files a Statement of Financial Interests for 2007/2008, must disclose the names and addresses of creditors to whom the filer, the filer's spouse or the filer's dependent children, individually, owed debts of more than ten thousand dollars (\$10,000).
- YOU MUST COMPLETE THIS ADDENDUM EVEN IF YOU, YOUR SPOUSE AND YOUR DEPENDENT CHILDREN OWED NO DEBTS GREATER THAN TEN THOUSAND DOLLARS (\$10,000) DURING 2007/2008.
- The information that you provide will be sealed and shall remain confidential EXCEPT:
 - If you signed the waiver in the Certification page of the SFI,
 - Upon your written request, or
 - Upon a majority vote of the Citizen's Ethics Advisory Board following the filing of a complaint of sufficient merit and gravity. Conn. Gen. Stat. Section 1-82.
- Examples of debts include, but are not limited to: home mortgage, car loans, credit card debt, etc.

☐

If you, your spouse and/or your dependent children owe no debts of more than ten thousand dollars, please check this box and sign this addendum at the bottom of page 14.

Name of Creditor:

Street:

City:

State:

Zip:

Name of Creditor:

Street:

City:

State:

Zip:

Name of Creditor:

Street:

City:

State:

Zip:

Name of Creditor:

Street:

City:

State:

Zip:

Name of Creditor:

Street:

City:

State:

Zip:

Signature

Print Name

Date Signed